PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/587431

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAN | | |
|--|--|---|--|---------------------------------------|--------------------------|---------------------------------|---------|---------------------|------------------------|----|-------------------------|------------------------|--|
| | | | (Colum | nn 1) | (Column 2) | | | TYPE. | | OR | | | |
| U.S. NATIONAL STAGE FEES | | | • | | | | | RATE | FEE | | RATE | FEE | |
| BAS | IC FEE | | SMALL ENT | Г. = \$ 150 | LARG | SE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 30 | |
| EXA | MINATION FE | E | Satisfies PCT A (4) = \$50 | , , , , , , , , , , , , , , , , , , , | | ner situations = 100 / \$ 200 | | EXAM. FEE | | | EXAM. FEE | ROC | |
| SEA | RCH FEE | | U.S. is ISA = ALL other co \$ 200 / S | ountries = | | ther situations = 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE | FOR EXTRA S | PEC. PGS. | minus 100 = | | j) | / 50 = | | X \$ 125 = | | | X \$ 250 = | | |
| TOT | AL CHARGEAE | BLE CLAIMS | 5 m | inus 20 = | * | • | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDE | EPENDENT CL | AIMS | r | ninus 3 = | Wr. | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | ESENT | | .* | 区 | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | _ | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * 7 | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | , | | | , | , | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | • | (Column 1) | · | (Colur | nn 2) | (Column 3) | | | | | . • | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | · · | HIGH NUMI PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| AMEN | Independent | * | Minus | *** | | = | | X \$ 100 = | • | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | · | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | | | |
| ** | If the "Highest Nu If the "Highest Nu | umn 1 is less than the Imber Previously Pa Imber Previously Pain Inber Previously Pain | id For" IN THIS S id For" IN THIS S | SPACE is less SPACE is less | s than '20 s than '3' | 0', enter "20". , enter "3". | d in th | ie annronriate hov | in column 1 | | | | |